Mooraleigh Hostel

Performance Report

748 Centre Road   
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Phone number: 03 8572 4800

**Commission ID:** 3379

**Provider name:** Monash Health

**Site Audit date:** 9 February 2022 to 11 February 2022

**Date of Performance Report:** 11 March 2022

# Performance report prepared by

Alice Redden, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 2 March 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Site Audit Report identified that overall, consumers considered that they were treated with dignity and respect; could maintain their identity, make informed choices about their care and services, and live the life they chose.

Consumers and representatives said they felt valued and respected at the service. While the service did not have a large cultural and linguistically diverse (CALD) consumer demographic, consumers who identified as CALD said that their cultural needs and preferences were supported. Consumers reported they were assisted to exercise choice and independence, to maintain relationships of choice. Consumers were supported to take risks to allow them to live the best life they can and advised their personal privacy was respected. Consumers and representatives described the information they get to help them make decisions, and about things consumers would like to do.

Staff spoke about consumers in a respectful manner and were able to demonstrate that they were familiar with consumers' individual background and preferences. Staff described how the consumer's culture influenced how staff delivered care and services day to day. Staff were able to explain how they supported consumers to make informed choices about their care and services and maintain independence and relationships. Staff were knowledgeable about the areas in which consumers want to take risks; consumers were supported to understand the benefits and possible risk of harm when making such life choice decisions. Staff described different ways in which information was provided to consumers, in line with their needs and preferences. Staff could outline the practical ways they respected the personal privacy of consumers at the service.

Care planning documentation reflected consumers’ backgrounds and personal preferences and identified consumers' specific cultural needs that aligned with the preferences of consumers interviewed. Consumers’ care documentation outlined the consumer's individual choice, the risk involved, management strategies required and demonstrated discussions were held with the consumer and/or their representative, clinical staff and other health professionals.

The service’s equity and inclusion strategy and the strategic plan outlined what it meant to treat consumers with respect and dignity, to respect their individual identity, and for the service and staff to provide care in a culturally safe way. Organisation-wide documents referenced supporting consumers to drive decision making and maintain their relationships and included guidance on protection of personal information relating to the consumer. Staff were observed interacting with consumers respectfully, while still maintaining the consumer privacy. The service provided and displayed information throughout the service, which informed and supported consumers to exercise choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and representatives said they are happy with the care provided. They said that assessment and planning is used to inform services and care and people they want to be, are involved in those processes. Sampled consumers and representatives confirmed the service had raised end of life and advance care planning, however indicated they were not yet ready for those conversations. Consumers and their representatives considered they are kept informed about their care and services, and that staff explain to them the outcomes of assessment and planning, such as medications they are prescribed. However, one consumer representative was not aware that care planning documentation was available to them.

Care planning documentation showed the service identifies and assesses risks to consumers health and wellbeing. For example, sampled consumer care plans contained assessments for falls risk, wound management, and diabetes management. Current needs, goals and preferences were documented, as was the involvement of consumers, their representatives and other professionals. For example, care plans evidenced the involvement of medical officers and psychiatrists in development of strategies for challenging behaviours. Care plans contained evidence of regular scheduled and reactive reviews following incidents and changes in consumer circumstance or need.

Staff demonstrated understanding of the initial and ongoing assessment and planning processes and described how end of life and advanced care planning is carried out collaboratively with Medical Officers, consumers and management. Staff could describe the needs, priorities and preferences of sampled consumers, and the ways they communicate outcomes of assessment and planning to consumers and their representatives.

The Assessment Team observed the paper-based planning system to be readily available to service delivery staff. Document review demonstrated the service has established policies and procedures that guide all assessment and planning processes. The service has specific policies and procedures relating to advance care and end of life planning, palliative care, referrals, information sharing and partnership with consumers and their representatives.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

The Assessment Team recommended Requirement (3)(a) was not met. However, my finding differs from the recommendation and I find Requirement (3)(a) to be compliant. Reasons for the finding are detailed in the relevant Requirement below.

Consumer and representative feedback demonstrated consumers receive personal and clinical care they need, and high-impact and high prevalence risks are managed well at the service. Consumers confirmed they access relevant health professionals when they need, and they observe staff taking necessary precautions against infections, such as wearing PPE. Representatives interviewed confirmed the service had discussed end of life planning with them and deterioration and changes in consumer condition are responded to quickly. Consumers confirmed they do not need to repeat instructions to staff and information about their needs, goals and preferences are effectively communicated throughout the service.

Staff and management interviews outlined an established process for identifying the high-impact and high-prevalence risks at the service. Staff were able to outline how they manage key risks at the service, by reference to staff training modules and consumer behaviour management plans.

Staff knew how care changes for consumers nearing the end of their life and were able to illustrate how they identify and respond to consumer deterioration. Staff described how information is disseminated throughout the service and to others involved in care, through care plans, progress notes, meetings, emails, handover sheets and verbal handovers. Sampled clinical staff and management outlined the procedure for referring consumers to the organisation’s wider allied health service.

Care planning documentation corroborated the consumer/ representative and staff feedback outlined above, confirming that information about consumer care and services is included in progress notes and care plans. Daily handover meetings were observed, and verbal reports of consumer needs and key events were supported by written handover sheets. Consumer behaviour management plans were reviewed and found to contain tailored strategies to support staff in managing consumer behaviours.

The service has established policies and procedures to guide staff practice in relation to management of high impact and high prevalence risks, palliative management, advanced care planning, consumer deterioration, information-sharing and management of clinical information, infection control and antimicrobial stewardship.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found the service delivered safe and effective personal and/or clinical care that was individually tailored and reflective of best practice in relation to chemical restraints, skin integrity and pain management. However, the Assessment Team found deficits in relation to the management of environmental restraints because the perimeter fence was kept locked and the key code was not provided to those able to leave the service independently. Management was not able to demonstrate informed consent for the environmental restraint. I have described these deficits in detail in Standard 8 Requirement (3)(c) where I find the information to be more relevant.

In their response, the Approved Provider disagreed with the Assessment Team’s recommendation and made arguments which I have outlined Standard 8 Requirement (3)(c). The Approved Provider also outlined the actions taken since the Site Audit, to address the deficiencies. Relevant actions included:

* Taking appropriate steps within the confines of current legislation to gain informed consent for all consumers who are still subject to environmental restraint.
* Proceeding with installation of a new perimeter fence, with swipe card access, which had been ordered before the Site Audit.
* Planned installation of CCTV to assist staff in monitoring consumer movements.
* Considering installation of an alarm to alert staff when the gate is opened.

Having regard to the evidence provided by the Assessment Team, the Approved Provider’s response and the wording of this Requirement, I find the service is compliant, for the reasons outlined below.

* The wording of the Requirement and the focus of the Standard is the ‘personal and clinical care’ of each consumer. The Assessment Team’s evidence in this Requirement related to the management and identification of environmental restraints at a service and organisational level, consideration of which is expressly provided for in other Requirements. As such, I have considered the evidence in relation Standard 8 Requirement (3)(c), where it is more relevant.
* There is no evidence that the personal or clinical care of any consumer was delivered in a way that was not safe, effective or which did not optimise their health and wellbeing. There was no identified detrimental impact, emotional, psychological, social or otherwise, as a result of the locked gate.
* I accept that during the accreditation period, the service used environmental restrictive practices and did not have the necessary informed consents in place. I consider this reflects deficiencies in the service’s understanding of new legislation, but I do not agree that this resulted in the delivery of personal or clinical care that was not safe, effective, tailored or optimising of consumer health and wellbeing.
* The remainder of the evidence put forth by the Assessment Team in this Requirement related directly to personal and clinical care and showed the service used best practice where the management of psychotropic medications, skin integrity and pain management were concerned.

As a result, I find the service is compliant with this Requirement.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

Consumer and representatives said that consumers are supported to do the activities they want to do, including individual and group activities. Consumers described emotional and practical support from staff when feeling low and said the service enables them to access the community, for example on regular bus trips organised by the service and with National Disability Insurance Scheme (NDIS) Support Workers. The service supports consumers to maintain their relationships of choice, for example by assisting consumers to place video calls to family overseas.

Consumers and representatives considered that information about daily living needs and preferences are effectively shared with all involved in care. Consumers said they are effectively supported to access other services, places and care providers such as, for example, a visiting hairdresser, local markets and NDIS service providers. Generally, consumers considered the meals served at the service to be of sufficient quality and quantity, with dietary needs catered for. Consumers confirmed they have options to choose from and can request extra food if they want to.

Staff knew what sampled consumers value, their interests and hobbies, and explained how the lifestyle program is developed and adapted to meet the needs of consumers with barriers to participation. Care plans conveyed lifestyle and daily living support needs and feature a ‘what matters most’ summary for each consumer. Staff described emotional, spiritual and psychological supports provided to consumers and Assessment Team observations confirmed one on one time is included in the lifestyle program. Lifestyle and other staff knew how sampled consumers maintain their community participation and relationships, such as through video calls, regular church outings and walking groups.

Staff confirmed they support consumers to select their meal options each day, with meal portion observed to be of appropriate size and menus reflecting sufficient variety.

Staff considered that there is enough lifestyle equipment at the service and the Assessment Team observed equipment to be in good condition.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as compliant.

Consumers interviewed mostly confirmed they feel at home in the service, however some consumers reported that at times, loud noises from consumers with challenging behaviours makes the service feel unhomely. Other consumers reported the service being easily navigated, welcoming, clean and well-maintained, with furniture, fittings and equipment mostly in good working order.

Staff described adequate equipment, with staff having a shared understanding of who is responsible for cleaning lifestyle, personal and mobility equipment. The service has scheduled and reactive maintenance and cleaning programs, all of which were up to date. Staff were familiar with the cleaning and maintenance processes and knew how to request or report additional cleaning or maintenance issues. External contractors attend to maintenance issues for consumer’s personal equipment.

The Assessment Team observed a service layout based on cottages, with a common room in each house. Gardens and courtyards were observed to be well-maintained and most consumers had personalised their rooms. Communal areas and thoroughfares were cleaned, accessible and consumers were observed moving freely in the internal areas of the service. Mobility equipment, furnishings, floors and walls were observed to be clean and in good condition.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

Sampled consumers and their representatives reported their comfort to make complaints if needed, by talking directly to staff, the registered nurse in charge or by emailing the facility manager. Of sampled consumers, only one was aware of ways to raise complaints through external platforms. It was noted, however, that the service provides information about advocacy services, the Commission and interpreting service via noticeboards and posters, as well as in the consumer information handbook.

Staff and management explained how consumers and their representatives can make complaints including through the ‘opportunity for improvement’ forms, meetings and via the wider organisation’s complaint liaison officer. Consumers and representatives indicated they had not made complaints in the past, though some concerns were raised directly with the Assessment Team during interviews. These were put to management, who subsequently evidenced appropriate responses to those issues, in line with service policy and procedure.

Staff described their understanding of open disclosure and the Assessment Team noted the service’s relevant policy and procedure included an open disclosure meeting.

The service demonstrated it has an effective complaints and feedback system. Staff and management knew how action is taken in response to complaints. Staff confirmed complaints processes and provided examples of supporting consumers to make complaints. Review of the services ‘opportunity for improvement’ register evidenced the service’s response to previous complaints and how they were used to improve the quality of care and services. Management gave a recent example of verbal feedback from staff and consumers about the height of a new fence and explained the service had responded by booking the installation of a shorter fence.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Assessment Team received mixed consumer and representative feedback about whether there is sufficient staff at the service to provide safe and quality care and service. While some consumers stated there are enough staff at the service, others said there are not enough, that agency staff are used and sometimes shifts are run ‘rigidly.’ However, interviewed consumers did not identify any impact as a result of perceived staff shortages.

Staff and management interviews did not reflect any issues with adequacy of staff numbers. Management outlined a process to fill unplanned leave with permanent staff in the first instance. Assessment Team observations and document review confirmed that staffing numbers are adequate, with allocation sheets showing that all unplanned leave was covered and constant RN coverage. Call bell reports showed most bells were answered within 5 minutes, with all others responded to within ten minutes.

Consumer and representatives said staff are gentle, kind and caring, with Assessment Team observations confirming this. Consumers and representatives considered staff know how to do their jobs, are suitably qualified and do not require any further training.

The service demonstrated there are established systems in place to recruit and onboard staff who are suitably qualified and able to perform in their roles. New staff are oriented to the service, are subject to probation periods and complete mandatory online training and buddy shifts.

Staff confirmed they are adequately supported to deliver safe and effective care. Staff can request training in areas they wish to upskill and must complete mandatory training modules. It was noted, however, that some staff had not completed all mandatory modules. An ongoing training program is also in place, which includes face to face and online modules on SIRS, elder abuse, restrictive practices open disclosure, infection prevention and control, antimicrobial stewardship and consumer dignity and choice.

Staff confirmed their involvement in annual performance appraisals and confirmed they feel comfortable to report it to management if they make a mistake.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant.

The non-compliance is in relation to Requirement (3)(c). Reasons for the finding are detailed in the relevant Requirement below.

Consumers and representatives said they consider the service well- run and they are involved in the review of their care and services. Consumer representative meetings are held, with meeting minutes evidencing consumer involvement in development and evaluation of care and services. The service’s Continuous Improvement Plan (CIP) contained examples of consumer feedback leading to tangible improvements and changes at the service.

The service is part of a wider organisation which has established policies and procedures, defined roles and responsibilities to guide staff and management performance. There is an established reporting structure with cascading authority from the governing body to the service level. The governing body receives regular reports against various indicators on monthly, quarterly and annual bases.

Continuous improvement is driven from all levels of the organisation and management were able to specify examples of changes at the service that were driven by the governing body, such as the new bus recently purchased.

The service’s risk management framework is documented and contains policies related to management of high-prevalence and high impact risks, identifying and responding to abuse and neglect and supporting consumers to live their best lives. Management and staff understood the prevalent risks at the service and processes in place to respond to them. The service has an incident management system in place to identify and respond to risks associated with consumer care and abuse.

The organisation has a documented clinical governance framework which incorporates open disclosure, minimisation of the use of restraint and antimicrobial stewardship. Staff demonstrated their understanding of these concepts and policies, with reference to practical examples.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Non-Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team found there were effective, organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. However, the Assessment Team considered that the service’s non-compliance with restrictive practices legislation reflected an overall failure of the governance system in relation to regulatory compliance.

To support their recommendation, the Assessment Team referred to evidence included under Standard 3 Requirement (3)(a), summarised below:

* The perimeter fence was kept locked and the key code was not provided to those able to leave the service independently. When asked, management was not able to demonstrate informed consent for every consumer environmentally restrained by the locked gate.
* Management addressed this deficiency during the Site Audit, by giving the keycode to numerous consumers who were able to leave the service independently. Management also gained informed consent (where legislation allowed) for those remaining consumers who were assessed as requiring restraint.

In their response, the Approved Provider disagreed with the Assessment Team’s recommendation and contended that the locked gate does not constitute an environmental restraint as there are staff available, at all times, to open the gate upon request. They argued that consumers and representatives were aware of the locked gate and have not complained about it, and they referred to other Assessment Team evidence concerning consent, which is not relevant to my decision.

The response also outlined the steps taken since the Site Audit, to address the deficiencies identified by the Assessment Team. Refer to Standard 3, Requirement (3)(a) for summary of those improvements.

I acknowledge the steps taken by the service to address the deficiencies identified by the Assessment Team and I note the practice of keeping the gate locked attempted to balance consumer safety with consumer rights to freedom of movement. However, having regard to the evidence and the Approved Provider’s response I find the service is non-compliant with this Requirement, for the following reasons:

* I accept consumers at the service were environmentally restrained prior to Site Audit and if the Site Audit had not occurred, numerous consumers might still be inappropriately restrained.
* Evidence put forth by the Assessment Team outlined regulatory compliance processes in place at the service and in the wider organisation, including review of Commission materials such as regulatory bulletins and the website. I note however, there are well publicised materials on the Commission website, including scenarios which state that locked services are an environmental restraint which restrict consumer’s free movement and access to their environment beyond the service. Those materials also state that restraints must be used as a last resort, with informed consent. The evidence demonstrated informed consent was not in place for any environmentally restrained consumers prior to the Site Audit and the locked gate was applied indiscriminately to consumers, including those able to leave the service independently. I find that regulatory compliance mechanisms failed to identify consumers were environmentally restrained, or they had identified this but failed to ensure informed consents were gained prior to the Site Audit.
* The need for a new swipe card system for the gate had already been identified prior to the Site Audit, suggesting the service and the governing body may have already been aware of deficiencies in current service practice. Despite this, the environmental restraints were still in place at the time of Site Audit and the required consents and other documentation had not been completed.
* While I accept the Approved Provider’s response that staff were always available to unlock the gate for consumers whenever they asked, this does not displace that consumers’ freedom of movement was restricted, if not totally removed, by the locked gate.

For the reasons outlined above, I find the service to be non-compliant.

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure governance systems can identify restrictive practices in place at the service level and that services are supported to ensure compliance with new regulatory requirements.